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| REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) LF 231 |
| In re Application of Charles S. Neer | | |
| Application Number 10/749,894 | | Filed December 31, 2003 |
| For Injector with changeable syringe constants | | |
| Art Unit 3767 | | Examiner M. E. Doukas |
| Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application. | | |
| The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) | | \$ <u>1,080.00</u> |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____ | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is not attached. Authorization provided in EFS-WEB transmittal. | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>23-3000</u> . | | |
| <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is requested in the reply brief. For extensions of time in reexamination proceedings, see 37 CFR 1.550. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the | | |
| <input type="checkbox"/> applicant/inventor. | | <u>/ Thomas W. Humphrey /</u> Signature |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | <u>Thomas W. Humphrey</u> Typed or printed name |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>34,353</u> | | <u>July 12, 2010</u> Date |
| <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____ | | <u>(513) 241-2324</u> Telephone number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input type="checkbox"/> *Total of <u>1</u> forms are submitted. | | |